

Date: _____



Life Center, Inc. Application for Employment

Section I: Equal Employment Opportunity Employer

Life Center, Inc. is an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, sexual orientation, religion, national origin, marital status, age, weight, height, color, disability, veteran status or genetic information and/or testing in the hiring, promotion, compensation or discipline of employees.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

Section II: Applicant's Personal Information

Name: _____
(please print) First Middle Initial Last Maiden/Other Known Name

Present address: _____
(please print) Number Street

_____ City State Zip Code

Phone: Home: (____) ____ - _____ Alternate/Cell: (____) ____ - _____

Social Security Number: XXX-XX-____ (last 4 #'s) Email: _____

Are you 18 years of age or older? Yes No

Do you have a High School Diploma or GED? Yes No

Can you perform the duties of the job for which you are applying with or without accommodation?

Yes No If no, please explain: _____

Have any abuse, neglect or exploitation charges been substantiated against you by Adult or Child Protective Services? Yes No If yes, please explain: _____

Have you had any recipient rights complaints substantiated against you by the Office of Recipient Rights, any Community Mental Health agency or their designee? Yes No
If yes, please explain: _____

Have you ever been convicted of a crime? Yes No
(Answering "yes" to this inquiry will not automatically disqualify you for employment.)
If yes, please explain: _____

Are there any pending criminal felony charges against you? Yes No
(Answering "yes" to this inquiry will not automatically disqualify you.)
If yes, please explain: _____

Have you ever worked for this organization in the past? Yes No
If so, did you work under a different name? Yes No
If yes, is any additional information pertaining to a different name necessary to check your work record?
 Yes No If yes, please explain: _____

The position for which you are applying requires you to drive. Do you have a valid driver's license?
 Yes No
Do you have access to a vehicle for use during work hours?
 Yes No
Is the vehicle you are using for work insured as required by state law?
 Yes No

Section III: Availability and Interests in Work

For which position are you applying? _____

Are you interested in full-time or part-time work? Full-time Part-time Either

For which counties would you like to be considered? Macomb Oakland Wayne Genesee

On which days and shifts are you available to work?

Mon	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Midnight
Tue	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Midnight
Wed	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Midnight
Thu	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Midnight
Fri	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Midnight
Sat	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Midnight
Sun	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Midnight

On what date are you available to start work? _____

Note: Availability and Interest preferences listed above are considered at the time of application, but are not meant as a guarantee of assigned location or schedule.

Section IV: Education

High School

Name Street City State
Did you graduate? Yes No

College

Name Street City State
Did you graduate? Yes No
If yes, what degree(s) did you obtain? _____

Other

Name Street City State
Did you graduate? Yes No
If yes, what degree(s) or certificate(s) did you obtain? _____

Section V: Employment History (Please start with present or most recent employer)

Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year)
From: _____ To: _____
Position Title: _____ Hourly Pay
Start: _____ Last: _____
Name of Supervisor: _____ Reason for Leaving: _____

Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year)
From: _____ To: _____
Position Title: _____ Hourly Pay
Start: _____ Last: _____
Name of Supervisor: _____ Reason for Leaving: _____

Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year)
From: _____ To: _____
Position Title: _____ Hourly Pay
Start: _____ Last: _____
Name of Supervisor: _____ Reason for Leaving: _____

May we contact your current supervisor or manager? Yes No

If no, why? _____

If yes, who should we call? _____
Name Title Phone

Section VI: Professional Licenses, Certifications and Credentials

Do you have any of the following licenses or certifications?

Certified Nurse Aid Yes No

If yes, please indicate your license number: _____

Nursing License Yes No

If yes, please indicate your license number: _____

Other job-related licenses, certifications or credentials Yes No

If yes, please provide detail: _____

Section VII: Consent

I hereby give you my permission to contact the above employers, educational, licensing, credentialing and certification institutions to verify the items I listed above. I hereby release Life Center, Inc. and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I consent to releasing any information relating to my job performance which is documented in my personnel file. In the event that a prior employer or other organization is obligated to provide any written notice to me regarding the disclosure of information to Life Center, Inc., I hereby waive that obligation and expect no written notice of disclosure of my personal information.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Department of Human Services, Department of Community Health, local community mental health entities or other governmental agencies or private agencies, for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release Life Center, Inc., the Department of Human Services, Department of Community Health, local community mental health entities and other governmental agencies or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers, and hereby release any prior employers from all claims, liability and damages that may result from furnishing the information to you.

Applicant Signature Date

Section VIII: Attestation

I certify that all of the information provided on this application is true, complete and correct.

I further understand and agree that any falsification, misrepresentation or omission of fact on this application or in any interviews or pre-employment process, are grounds for disqualification for consideration for employment or termination of employment if the discovery is made after employment begins.

Applicant Signature

Date

READ CAREFULLY BEFORE SIGNING:

I agree that, in consideration for Life Center, Inc. considering my application for employment, any claim or lawsuit that I may have relating to either my application for employment or, if hired, to my actual employment or service with Life Center, Inc. or any of its subsidiaries, must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I understand that by agreeing to this provision, I waive any statute of limitations to the contrary that may have been available to me pursuant to Michigan's Elliott-Larsen Civil Rights Act or any other state, federal, or local statute or ordinance, with the exception of any statute or ordinance that provides a shorter statute of limitations such as Michigan's Whistleblowers' Protection Act, which provides for a ninety day statute of limitations.

Applicant Signature

Date

Section IX: At-Will Status

In consideration of my employment, I agree to conform to the policies, rules and regulations of Life Center, Inc. I understand and agree that my employment and compensation are for no definite period and, may, regardless of the time and manner of my wages or salary, be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Life Center, Inc. or myself.

Applicant Signature

Date

Employer Signature

Date

Please note: This application will be kept on file for 12 months.